

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **701884**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
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14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19	1		1			
20		1		1		
21		2		1		
22		2		1		
23		0		1		
24		0		1		
25		0		1		
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50						
TOTAL IND.		2		2		
TOTAL DEP.		30		30		
TOTAL CLAIMS		32		32		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						